

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06004

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick
County
Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one week

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 7 days

3. (a) FULL NAME

Katie Hannah Ambush

4. Sex 5. Color or race 9. (a) Single, married, widowed, or divorced
female colored married

6. (b) Name of husband James W. Ambush

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1889 64 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
57 10 8 hrs. min.9. Birthplace Adamstown, Frederick, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name Isaac Hallman

13. Birthplace Frederick, Md.

14. Maiden name Unknown

15. Birthplace "

16. Informant James W. Ambush,
Lime Kiln, Md.Address burial Date thereof 7 / 22 / 47
(Burial, cremation, or removal, if any) (month) (day) (year)Cemetery Hope Hill, colored
Location Hope Hill, Md.18. Funeral director M. R. Etchison & Son,
Frederick, Md.

Address

19. (Date rec'd by registrar) 1947

Elizabeth G. Hedges
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Lime Kiln

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 20th., 1947, at 12.25A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947, to July 20, 1947, and that I last saw her alive on

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other condition

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E.P. Thomas

M. D. or other

Address Frederick, Md.

Date signed 7/21/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06005

CERTIFICATE OF DEATH

131

Reg. Dist. No.

M

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

Since July 14, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

State

Frederick-Rural R. F. D. #4

City or town

Near Feagaville

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

JOHN TALBOTT BAILEY

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

S

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 10, 1945

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day

2 3 4 hra. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Robert P. Bailey

13. Birthplace Leonardtown, Maryland

14. Maiden name Pearl Culler

15. Birthplace Frederick County Maryland

16. Informant Robert P. Bailey

Address R. F. D. #4, Frederick, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 7/16/47

(month) (day) (year)

Cemetery or cemetery

St. Lukes Cemetery

Location Feagaville, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. (Date record by registrar) 14 July 1947

Elizabeth G. Heck.

Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 14th, 1947, at 5:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1947, to July 14, 1947, and that I last saw him alive on July 14, 1947.

Immediate cause of death

Capillary bronchitis

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

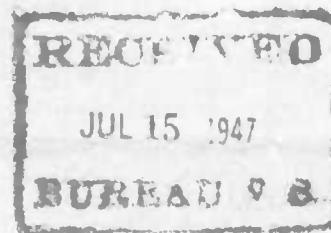
Means of injury

Injured at work?

23. SIGNATURE Bernard Henss, M. D.

M. D. or other

Address Frederick, Maryland Date signed 7-14-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

06006

CERTIFICATE OF DEATH

Reg. Dist. No.

141

1. PLACE OF DEATH

County

Fred.
Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 yrs.

Hospital, Institution, or street address where death occurred:

307 Brunswick St.

How long in hospital or institution?

3. (a) FULL NAME

Lewis Wm. Beans

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Anna Wm.

7. Birth date of deceased (mo., day, yr.)

May 25 1873

6. (c) If alive, give age

years

8. AGE:

Years Months Days If less than one day
94 1 16 hrs. min.

9. Birthplace

Virginia

(town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

MOTHER FATHER

Name

Mahlon Beans

13. Birthplace

Virginia

15. Birthplace

Virginia

17. Burial

Date thereof July 16, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Hillside

Location

Virginia

18. Funeral director

S. H. Felt & Bgo

Address

Brunswick, Md.

19. Only 11

Date recd by registrar

1947

Date signed

7/11/47

Registrar

Signature

M. D. or other

Address

Brunswick, Md.

Date signed

7/11/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Fred.

City or town

13 manual

J.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

307

Brunswick St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11

1947

at 2:10

M

and that I last saw him alive on

July 10

1947

1947

Immediate cause of death

Tuberculosis

DURATION

1

Due to

Due to

Other condition

Tuberculosis

3

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Signature

M. D. or other

Address

Brunswick, Md.

Date signed

7/11/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

06907

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

1 Day

How long in hospital or institution?

Frederick Memorial Hospital

1 Day

3. (a) FULL NAME

NANCY LOUISE BENDER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife.....

7. Birth date of

deceased (mo., day, yr.)

July 19, 1947

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

few min.

hrs.

min.

8. Birthplace..... Frederick, Frederick County, Md.

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

12. Name..... Edward Bender

13. Birthplace..... Frederick County, Maryland

14. Maiden name..... Josephine Wickless

15. Birthplace..... Frederick County, Maryland

16. Informant..... Mr. Edward Bender

Address..... Route 5, Frederick, Maryland

17. Burial..... Date thereof..... July 21, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mount Zion Cemetery

Location..... Charlesville, Maryland

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. (21) July..... 1947..... Elizabeth G. Hede.

(Date read by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Frederick, Rural, Route 5

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 19, 1947, at 10:43 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1947, to July 19, 1947, and that I last saw her alive on July 19, 1947.

Immediate cause of death.....

Premature Birth (21 weeks gestation)

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Howard W. Ash, M.D.

M. D. or other

Address..... Frederick, Md. Date signed..... 7-21-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

06008

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

Frederick Co

City or town

Maryland Frederick, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

9 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Mt. airy - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

P. S. S. 2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Joy Regina Bowers.

4. Sex

5. Color or race

8.(a) Single, married, widowed, or divorced

FEMALE W.

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6.(c) If alive, give age years

July 24, 1947.

8. AGE:

Years

Months

Days

If less than one day

0

0

0

9

hrs.

min.

9. Birthplace

Frederick Co. Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

Clarence Shuler

12. Name

Middleton, Md.

13. Birthplace

Normal Marie Bowers

14. Maiden name

Frederick Co. Md.

15. Birthplace

Records Emergency Hosp.

16. Informant

Frederick Co. Maryland

Address

17. Burial

Date thereof July 26-1947

(Burial, cremation, or removal, which?)

Cemetery or crematory

Montrose Cem.

Location

Frederick Co. Maryland

18. Funeral director

J. M. Walker, Swift

Address

Montrose, Frederick Co. Md.

19. Date registered by registrar

July 26, 1947

Date reg'd by registrar

Elig. for L. & Tech.

Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 25

19.

47 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

19.

and that I last saw h. alive on

Immediate cause of death

Prematurity (24 weeks)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hemas, Jr. M.D.

M. D. or other

Address

Frederick, Md. Date signed July 26, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

06909

Reg. Dist. No. 131

CB

1. PLACE OF DEATH:
County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Virginia County Loudon

City or town Lovettsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME
Patricia Anna
Baby Girl Bramhall

3. (b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Female	White	

6.(b) Name of husband or wife
July 25, 1947 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 6 Months 0 Days 0 It less than one day 12 hrs. 0 min.

9. Birthplace Frederick Memorial Hospital
(Town, county, and state)

10. Usual occupation L

11. Industry or business ✓

12. Name Charles Blanco Bramhall

MOTHER FATHER Charles Blanco Bramhall

13. Birthplace Purcellville, Va.

14. Maiden name Ardth Arnold

15. Birthplace Lovettsville, Va.

16. Informant Mrs C. B. Bramhall

Address Lovettsville, Va.

17. Burial Union Cemetery Date thereof July 26, 1947
(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or cemetery Union Cemetery

Location Lovettsville, Va.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. July 1947 (Date record by registrar)

Elizabeth S. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 - 1947 at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/25 - 1947 to 7/25 - 1947

and that I last saw her alive on 7/25 - 1947

Immediate cause of death _____

Prematurity - 6 1/2 mos. -

Due to Maternal Toxemia +

Premature separation of placenta

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Byron S. White, M.D.

M. D. or other _____ Date signed 7/26/47

Address Frederick, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**City or town **State Sanatorium, Maryland**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 6/16/47**

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? **Since 6/16/47**

3. (a) FULL NAME

William J. Brannan

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of ~~son~~ wife**Helen L. Brannan**

7. Birth date of deceased (mo., day, yr.)

July 20, 18846. (c) If alive, give age **?** years

8. AGE:

Years
63Months
0Days
8If less than one day
hrs. min.

9. Birthplace

Richmond, Virginia

(Town, county, and state)

10. Usual occupation

Telegraph Employee

11. Industry or business

FATHER

Wm. J. Brannan

12. Name

MOTHER

Hanover County, Va.

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Address

18. Funeral director

19. Date rec'd by registrar

20. Date of death

21. Place of death

22. Name of physician

23. Signature

24. Address

25. City or town

26. County

27. State

28. Date signed

29. M. D. No.

30. Address

31. City or town

32. County

33. State

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**County **Montgomery**City or town **Silver Spring**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **8309 - 16th St.**

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 28**

19. 47 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **June 16** 19. 47 to **July 28** 19. 47and that I last saw him alive on **July 28** 19. 47

Immediate cause of death

Pulmonary Tuberculosis

DURATION

7 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results **Will report later**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. BacisM. D. **XXXX**Address **State Sanatorium, Md.** Date signed **7/28/47**19. **July 28** 19. **47**

(Date rec'd by registrar)

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

74a

CERTIFICATE OF DEATH

Reg. Dist. No.

0601131

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

28 days

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Lime Kiln

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (a) FULL NAME

HARRIET JANE TYLER BRUCE

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Female Colored Married

6.(b) Name of husband or..... Frederick D. Bruce

6.(c) If alive, give age..... 58 years

7. Birth date of deceased (mo., day, yr.)..... May 5, 1885

8. AGE: Years..... 62 Months..... 1 Days..... 28 If less than one day..... hrs..... min.....

9. Birthplace..... New Market, Frederick Co., Md. (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Henson Tyler

13. Birthplace..... New Market, Maryland

14. Maiden name..... Elizabeth Tyler

15. Birthplace..... New Market, Maryland

16. Informant..... Frederick D. Bruce

Address..... Lime Kiln, Maryland

17. Burial..... Date thereof..... July 6, 1947
(Burial, cremation, or removal, where)

Cemetery or crematory..... Fairview Cemetery

Location..... East of Frederick, Md.

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. 5 July 1947
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 3rd

19 47, at 12:12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6 1947 to July 3 1947

and that last saw her alive on July 30 1947

Immediate cause of death.....

Ago
Tympanic Lengenman

Due to.....

Due to.....

Other conditions.....

Gastritis

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Frederick, Md. Date signed..... 7/3/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06012

131

Reg. Dist. No.

1548

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

About 7 months

How long in hospital or institution?

3. (a) FULL NAME

JOHN WESLEY CREAGER

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife... Elsie Lightner Creager

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) August 22, 1883

8. AGE: Years 63 Months 10 Days 29 If less than one day . hrs. . min.

9. Birthplace... Frederick County, Maryland
(Town, county, and state)

10. Usual occupation... Farm Manager

11. Industry or business

12. Name... John Wesley Creager

13. Birthplace... Frederick County, Md.

14. Maiden name... Mary Abbie Musser

15. Birthplace... Frederick County, Md.

16. Informant... Mr. Roy Creager

Address... Frederick, Maryland

17. Burial... Date thereof... July 23, 1947
(Burial, cremation, or removal, where?) (month) (day) (year)

Cemetery or crematory... Mount Olivet Cemetery

Location... Frederick, Maryland

18. Funeral director... C. E. Cline & Son

Address... Frederick, Maryland

19. Date record by registrar... July 22, 1947
(Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... RURAL, Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 21 1947 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 20, 1947, to July 21, 1947

and that I last saw him alive on July 21, 1947

Immediate cause of death... Osteomyelitis of vertebrae and right femur

DURATION 9 mos.

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings or operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

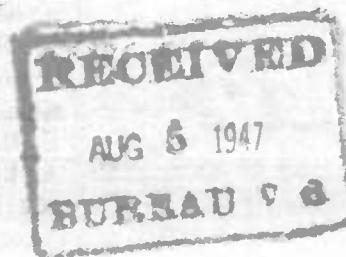
Injured at home, farm, industry, public place (where?)

Means of injury... Injured at work?

23. SIGNATURE... S. A. Schowalter, M.D. M. D. or other

Address... Frederick, Md. Date signed... 7/22/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06014

49c
134

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Frederick County
City or town..... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... two years
Hospital, Institution, or street address where death occurred:..... Saint Joseph's Central House, Emmitsburg
How long in hospital or institution?..... 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Sarah Mary Dougherty (Sister Marcella)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Sister of Charity

6.(b) Name of husband or wife..... XXXXXXXX

7. Birth date of deceased (mo., day, yr.)..... July 29, 1879
6.(c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
	67	11	17	hrs. min.

9. Birthplace..... Littlestown, Pa.
(Town, county, and state)

10. Usual occupation..... hospital work & Asylum Work

11. Industry or business

12. Name	Dougherty, John
13. Birthplace	Ireland

14. Maiden name	Gouger Mary Jane
15. Birthplace	Harney, Maryland

16. Informant..... Sister Rosa, Assistant

Address St. Joseph's Central House, Emmitsburg

17. Burial..... Date thereof July 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... St. Joseph's (private)

Location..... Emmitsburg, Maryland

18. Funeral director..... J. J. Allister

Address..... Emmitsburg, Maryland

Date rec'd by registrar..... July 19, 1947

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 18, 1947, at 2:45 P.M.
I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1947, to July 18, 1947, and that I last saw her alive on July 16, 1947.

Immediate cause of death

Carcinomatosis of peritoneum
with fecal fistulae

DURATION

6 hrs

Due to

Carcinoma of vagina

2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. P. Cade, M.D.
Emmitsburg, Md. Date signed 7-18-47

M. D. or other

Address.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06015

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

1. PLACE OF DEATH:
County. Frederick
Other. Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

Since January, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Frederick

City or town. Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. West Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (a) FULL NAME

EMMA WOODWARD ENGELBRECHT

4. Sex. F	5. Color or race. W	6.(a) Single, married, widowed, or divorced. D
-----------	---------------------	--

6.(b) Name of husband or None J. G. Engelbrecht

7. Birth date of deceased (mo., day, yr.) May 17, 1872 6.(c) If alive, give age. 76 years

8. AGE: Years 75	Months 1	Days 14	It less than one day
			hrs. min.

9. Birthplace. Frederick County Maryland
(Town, county, and state)

10. Usual occupation. None

11. Industry or business

MOTHER FATHER Milton A. Woodward

13. Birthplace Frederick County Maryland

14. Maiden name. Frances W. Nichols

15. Birthplace Frederick County Maryland

18. Informant. Deceased

Address

17. Burial. Date thereof. 7/3/47
(Burial, cremation, or removal. Where?) Mount Olivet Cemetery

Cemetery or crematory. Mount Olivet Cemetery

Location. Frederick, Maryland

18. Funeral director. M. R. Etchison and Son

Address. Frederick, Maryland

19. Date rec'd by registrar. 1947

Elizabeth G. Hecke

Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH. July 1st, 1947, at 7:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

I am 1947 to July 1 1947

and that I last saw her alive on June 30 1947

Immediate cause of death.

Cerebral Hemorrhage

DURATION

2 weeks

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE. Bernard Thomas M. D.

M. D. or other

Address. Frederick, Maryland Date signed. 7-2-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466 X

CERTIFICATE OF DEATH

Reg. Dist. No. 06/36

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick (rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
Emergency hospital
 How long in hospital or institution? three years

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 208 E. Sixth
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME
John Edward Esterly

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Unknown 6.(c) If alive, give age 18 74 years

8. AGE: 73 ? Years Months Days If less than one day hrs. min.

9. Birthplace Frederick, Frederick, Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Sand & Gravel business

MOTHER FATHER 12. Name Philip Esterly

13. Birthplace Frederick, Md.

14. Maiden name Sarah Dadisman

15. Birthplace Loudon Co., Va.

16. Informant Mrs. Mary Divens

Address 1016A N. Mkt. St., Frederick, Md.

17. Burial Mt. Olivet Date thereof 7 / 26 / 47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Frederick, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 24 July 1947 (Date rec'd by registrar) 19. 10 (Date of death)

Elizabeth S. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1947 at 6:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to July 24 1947 and that I last saw h. 1m alive on July 23 1947

Immediate cause of death Carcinoma Stomach

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

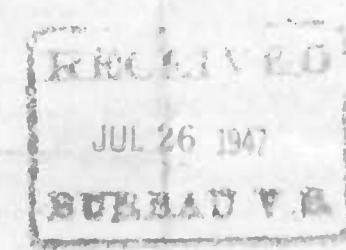
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Bernard J. Haas, Jr. M.D. or other

Address Frederick, Md. Date signed 7/24/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

946

CERTIFICATE OF DEATH

06017
131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

6 East Church Street

How long in hospital or institution?

3. (a) FULL NAME

JOSEPHINE PEARRE ETCHEISON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

W. H. B. Etchison

7. Birth date of deceased (mo., day, yr.)

September 25, 1861

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

85

10

6

.hrs.

min.

9. Birthplace

Unionville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER

FATHER

Frederick County Maryland

FATHER

Sarah Lindsay

MOTHER

Frederick County Maryland

16. Informant

Marshall L. Etchison

17. Burial

Address 6 E. Church St., Frederick, Md.

Date thereof 8/2/47

(month) (day) (year)

(Burial, cremation, or removal, which?)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Elizabeth G. Etchison
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

6 East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31st, 1947, at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 31, 1947, to July 31, 1947, and that I last saw her alive on July 31, 1947.

Immediate cause of death

Bronchi Pneumonia

Due to

Sensitivity

Other conditions: Angina Pectoris

Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

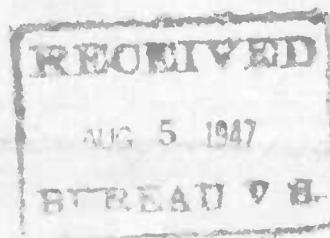
A. A. Pearre M. D.

M. D. or other

Address

Frederick, Maryland

Date signed 8-1-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106a

06018

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County..... Frederick
City or town..... Rocky Ridge

(If outside city or town limits, write RURAL and give nearest town)

Lifetime.

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or Institution?

3. (a) FULL NAME

Martha Lee Eyler

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widowed

6.(b) Name of husband or wife..... Clayton Eyler

7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age..... years
September 28, 18678. AGE: Years Months Days If less than one day
79 10 2 hrs. min.9. Birthplace..... Woodsboro, Frederick Co., Md
(Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business

12. Name..... Simon Gilbert

13. Birthplace..... Maryland

14. Maiden name..... Maria Magdalaine Kline

15. Birthplace..... Pottstown, Pa.

16. Informant..... Mrs. Marshall Sprigg

Address..... Rocky Ridge, Md.

17. Burial Date thereof..... Aug. 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mt. Tabor Cemetery

Location..... Rocky Ridge, Md.

18. Funeral director..... M. L. Creager & Son

Address..... Thurmont, Md.

19. Aug. 1, 1947
(Date rec'd by registrar) Blanche L. Eyler
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Frederick

City or town..... Rocky Ridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....
(If rural, give LOCATION)

2.(a) If veteran, name war..... No

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 30, 1947, at 11:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30, 1947, to July 30, 1947,
and that I last saw her alive on July 30, 1947.

Immediate cause of death

Bronchitis, acute

DURATION

3 days

Due to

Due to

Other conditions..... Old age, emphysema

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE..... James M. Eyler
Thurmont, Md.

M. D. or other

Address..... Date signed July 31, 1947

RECEIVED

AUG 2 1947

BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06019

CERTIFICATE OF DEATH

159

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick Co.City or town Frederick Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

3. (a) FULL NAME

Betty Lee John Gair

4. Sex

Boy

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

John D. Gair

7. Birth date of deceased (mo., day, yr.)

July 30 - 19476. (c) If alive, give age 25 years

8. AGE:

Years 2 Months 0 Days 1 day If less than one day

9. Birthplace

Frederick Memorial Hospital

(Town, county, and state)

10. Usual occupation.

11. Industry or business

12. Name John D. Gair
13. Birthplace Unionville, Md.14. Maiden name Sylvia Louise Martin
15. Birthplace Mt. airy, Md.16. Informant John D. Gair
Address Mt. airy - R.F.D. 417. Burial Date thereof Aug 1-1947
(Burial, cremation or removal. Which?)
(month) (day) (year)Cemetery or crematory Springfield Cemetery
Location Unionville - Maryland18. Funeral director D. D. Hartley & Sons
Address Union Bridge, Maryland19. 1-Aug 1947 Elizabeth Tech.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Mt. airy, Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.D. 4
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

Gaither

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31 1947 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30 1947 to July 31 1947
and that I last saw him alive on July 31 - 1947 1947

Immediate cause of death

abortion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James T. Moore M. D. or other
Address Washington Md Date signed 8/1/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06020

CERTIFICATE OF DEATH

Reg. Dist. No. 131

93a

1. PLACE OF DEATH:
Frederick
County

City or town
Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? Dead On Arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland
County

City or town
Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 149 West All Saint Street

(If rural, give LOCATION)
None

2.(a) If veteran, name war.

3. (a) FULL NAME

DENNIS GRAY

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Ida Walker

7. Birth date of deceased (mo., day, yr.) Unknown Sept 1, 1864 6. (c) If alive, give age 75 years

8. AGE: Years 82? Months Days If less than one day hrs. min.

Frederick County Maryland

9. Birthplace (Town, county, and state)

10. Usual occupation None

11. Industry or business

Dennis Gray

12. Name Frederick County Maryland

MOTHER FATHER Lucy Offutt

14. Maiden name Frederick County Maryland

15. Birthplace

16. Informant Mrs. Ida Gray

Address 149 W. All Saint St., Fred'k, Md

17. Burial Date thereof 7/4/47

(Burial, exhumation, or removal, which?) Fairview Cemetery

Cemetery or crematory

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar 1947

Elizabeth G. Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st, 1947 at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... and that I last saw him.....

..... and he died at 8:45 A.M. July 1st, 1947

Immediate cause of death

.....

Due to

.....

Due to

.....

Other conditions

.....

(Include pregnancy within 3 months of death)

Major findings or operations

.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

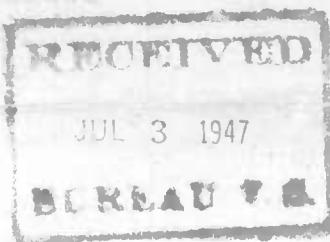
Injured at work?

Deputy Medical

Examiner

M. D. or other

Address Frederick, Maryland Date signed 7-1-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06021

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? Since June 30, 19472. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Georgia County SpaldingCity or town Griffin
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

KATHY JANE HIGHTOWER

3. (b) Social Security Number

None4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo. day. yr.) April 8, 1944 6.(c) If alive, give age years8. AGE: Years 3 Months 2 Days 23 If less than one day
..... hrs. min.9. Birthplace Griffin, Georgia
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name Otis Hightower
MOTHER FATHER 13. Birthplace Griffin, Georgia14. Maiden name Martha Mitchell
15. Birthplace Griffin, Georgia16. Informant Otis Hightower
Address Griffin, Georgia17. Removal Removal Date thereof 7/1/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Griffin, Georgia
Location18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 1-July (Date rec'd by registrar) 1947 Elizabeth S. Hecks (Signature)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st, 1947 at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her DEAD July 1st, 1947Immediate cause of death Convulsions (Generalized) 7 hrs. DURATIONDue to Obstetrics ObstetricsDue to ObstetricsOther conditions Obstetrics

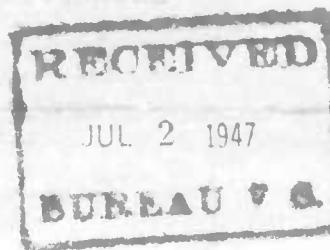
(Include pregnancy within 8 months of death)

Major findings of operations Obstetrics Date of op.Autopsy results Obstetrics

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Obstetrics Date of ObstetricsWhere did injury occur? Obstetrics (City or town) Obstetrics (County) Obstetrics (State)Injured at home, farm, industry, public place (where?) ObstetricsMeans of injury Obstetrics Injured at work? Obstetrics23. SIGNATURE Barbara Deputy Medical ExaminerM. D. or other BarbaraAddress Frederick, Maryland Date signed 7-1-47





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95c

CERTIFICATE OF DEATH

06023
151

Reg. Dist. No.

1. PLACE OF DEATH:
County. Frederick
City or town. Buckeystown(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

MARY ELLEN HORMAN

4. Sex F | 5. Color or race W | 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife. George W. Horman

7. Birth date of deceased (mo., day, yr.) February 28, 1869

8. AGE: Years 78 | Months 5 | Days 1 | If less than one day hrs. min.

9. Birthplace. Nr. Feagaville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation. At Home

11. Industry or business

12. Name. George W. Zimmerman
13. Birthplace. Frederick County Maryland14. Maiden name. Mary Ellen Renn
15. Birthplace. Frederick County Maryland16. Informant. George W. Horman
Address. Buckeystown, Maryland17. Burial. Burial Date thereof. 7/31/47
(Burial, cremation, removal, Whichever) (month) (day) (year)
Cemetery or cemetery. Mount Olivet Cemetery

Location. Frederick, Maryland

18. Funeral director. M. R. Etchison and Son
Address. Frederick, Maryland19. (Date record by registrar) 29 July 1947
Address. Elizabeth J. Heck. Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State. Maryland County. Frederick
City or town. Buckeystown(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)

2. (a) If veteran, name war. None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH. July 29th 1947 at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 29, 1947, to July 29, 1947
and that I last saw her alive on July 29, 1947

Immediate cause of death.

Pneumonia with heart failure
Heart with pulmonary edema
Due to 1. 1/2

DURATION

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

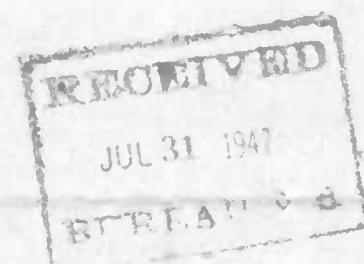
Injured at home, farm, industry, public place (where?)

Means of injury. Injured at work?

23. SIGNATURE. M. D.

M. D. or other

Address. Frederick, Maryland Date signed. 7-29-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

06024

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 days

3. (a) FULL NAME

Alberta Palmer Hurley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband Mr. Palmer Hurley

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age 33 yearsOct 3 - 1919

8. AGE:

Years 27 yrsMonths 9Days 2If less than one day hrs. 0 min. 0

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

12. Name

Clinton Bowers

13. Birthplace

Westminster Md

14. Maiden name

Sadie Zepf

15. Birthplace

Carroll Co Md

16. Informant

Elmer G. Hurley

Address

Thimmon Md 170

17. (Burial, cremation, or removal. Which?)

BurialDate thereof July 7-47

Cemetery or crematory

Freiders Cemetery

Location

Westminster Md

18. Funeral director

M. L. Cereagin

Address

Thimmon Md

19. (Date reg'd by registrar)

July 7 1947

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MDCounty FrederickCity or town CereaginstownRural RuralStreet No. no

2.(a) If veteran, name war

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 5 1947 at 3:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

19.

and that I last saw her alive on July 5 1947

19.

Immediate cause of death

Berebral Hemorrhage

DURATION

3 daysDue to EpilepsyLife

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

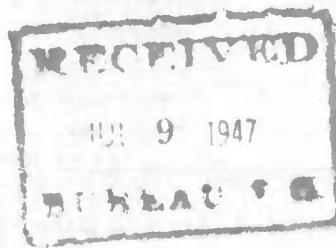
Injured at work?

23. SIGNATURE

A. A. Gear M.D.

M. D. or other

Address Frederick, MarylandDate signed 7/5/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06025

638

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

Frederick

County

Thurmont

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Tabb H. Johns

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Minnie Buthorn Johns

7. Birth date of deceased (mo., day, yr.)

November 11, 1886

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

60

8

20

hrs.

min.

9. Birthplace

Campbell Co. Lynchburg, Va.

(Town, county, and state)

10. Usual occupation

Superintendent

Shoe Factory

MOTHER FATHER

12. Name

William J. Johns

13. Birthplace

Nelson County, Virginia.

14. Maiden name

Laura Adams

15. Birthplace

Penns. Co., Virginia

16. Informant

Mrs Tabb H. Johns

Address

Thurmont, Md.

17. Burial

Date thereof Aug. 3, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Blue Ridge Cemetery

Cemetery or crematory

Thurmont, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

19. Aug. 1, 1947

(Date rec'd by registrar)

Blanche S. Eyer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Frederick

County Thurmont

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. Blue Ridge Avenue

2.(a) If veteran, name war First World War

3. (b) Social Security Number

337-01-1897

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 31, 1947, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 16, 1947, to July 31, 1947, and that I last saw her alive on July 31, 1947.

Immediate cause of death

Heart disease, Coronary occlusion

DURATION

7 weeks

Due to

Due to

Other conditions

Hyperthyroidism

20 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

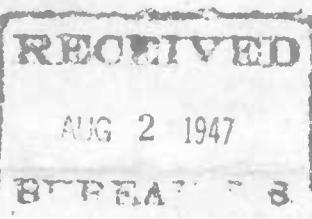
23. SIGNATURE

James H. Gray

M. D. or other

Address Thurmont, Md.

Date signed July 31, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06026

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and clearly. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/8/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/8/47

3. (a) FULL NAME

Charles R. Jones

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1910
(c) If alive, give age years8. AGE: Years Months Days If less than one day
36 9 25 hrs. min.9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business

12. Name Ludford C. Jones

13. Birthplace Elizabeth City, N.C.

14. Maiden name Gertrude Neal

15. Birthplace Philadelphia, Pa.

16. Informant Ludford C. Jones (father)

Address Chester, Maryland

17. Burial Date thereof July 12, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore, Md.

18. Funeral director M. L. Greager & Son
Address Thurmont, Maryland19. July 10, 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Chester
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

213-05-5335

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1947 at 7:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 1947 to July 10 1947

and that I last saw him alive on July 10 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

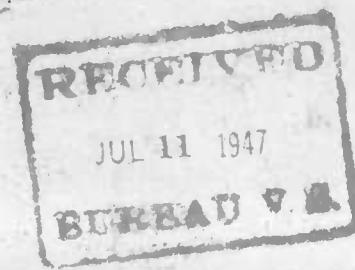
Means of injury

Injured at work?

23. SIGNATURE R. B. Ballou

M. D. KMMX

Address State Sanatorium, Md. Date signed 7/10/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

06027

CERTIFICATE OF DEATH

Reg. Distr. No. 131

1. PLACE OF DEATH:

County. Frederick

City or town. Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred: Rocky Spring

How long in hospital or institution?

3. (a) FULL NAME

JEANETTA GROVE KEMP

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

Lewis C. Kemp

7. Birth date of deceased (mo., day, yr.)

January 1, 1861

6. (c) If alive, give age years

8. AGE:

Years
86Months
6Days
17

If less than one day

.hrs.

min.

9. Birthplace

Shookstown-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER

12. Name

FATHER

13. Birthplace

MOTHER

14. Maiden name

FATHER

15. Birthplace

16. Informant

Clayton E. Kemp

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal. Check)

Date thereof 7/21/47

(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Elizabeth L. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County. Frederick

City or town. Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rocky Spring

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 18 1947 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

... to ...
... aded that I last saw her ... dead ... alive on July 18 1947

Immediate cause of death

coronary occlusion

DURATION

Unspecified

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

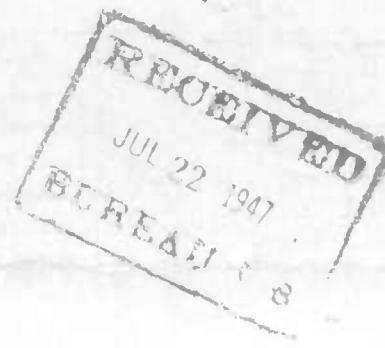
23. SIGNATURE

P. W. Barr Deputy and Ex

M. D. or other

Address

Frederick, Md. Date signed 7/18/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06028

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town State Sana torium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 10/10/45

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sana torium

How long in hospital or institution? Since 10/10/45

3. (a) FULL NAME

Russell V. Klipa

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

August 6, 1902

8. AGE:

Years

Months

Days

If less than one day

44

11

10

hrs.

min.

9. Birthplace.....

Pennsylvania

(Town, county, and state)

10. Usual occupation.....

Trolley operator

11. Industry or business

George Klipa

MOTHER FATHER

12. Name.....

13. Birthplace.....

Austria

14. Maiden name.....

Mary Gaydosh

15. Birthplace.....

Czechoslovakia

16. Informant.....

Deceased

Address

Burial

17. (Burial, cremation, or removal. Which?)

Date thereof July 1947
(month) (day) (year)

Cemetery or crematory

Holy Redeemer

Location

4300 B. Fair Rd.

18. Funeral director.....

M. L. Creager & Son

Address

Thurmont, Maryland

19. July 17 1947

(Date rec'd by registrar)

J. B. - J. B.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1301 S. Carey St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

178-05-7483

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16

19 47, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 10

1945

to July 16

1947

and that I last saw him alive on July 16

1947

Immediate cause of death.....

Pulmonary Tuberculosis

DURATION

25 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

R. B. Baile

M. D. ~~X~~ ~~MM~~

Address State Sana torium, Md. Date signed 7/16/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06029

131

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County.....

Frederick Co

City or town.....

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 30 days.

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?..... 30 days

3. (a) FULL NAME

Virginia A. Lantz

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

E. Lantz

6. (c) If alive, give age.....

50 years

7. Birth date of deceased (mo., day, yr.)

Nov 26 - 1898

8. AGE:

48

Years

Months

7

Days

24

It less than one day

hrs.

min.

9. Birthplace

Rockham Co Va

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Home

FATHER

12. Name

Solomon Smith

MOTHER

13. Birthplace

Rockham Co Va

14. Maiden name

Mary Schaffer

15. Birthplace

Rockham Va

16. Informant

E. Lantz

Address

Clarksburg Md

Burial

(Burial, cremation, or removal, if any)

Date thereof July 26, 1947

(month) (day) (year)

Cemetery or crematory

Clarksburg Maryland

Location

Montgomery Co Md

18. Funeral director

Roy W. Barber

Address

Laytonsville, Maryland

19. 9-5-47

Date rec'd by registrar

19. 47

Date rec'd by registrar

Elizabeth G. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Montgomery

City or town.....

Clarksburg

Maryland

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

n

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 23, 1947

at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 16, 1946

to July 23, 1947

1947

and that I last saw h.e. alive on July 22, 1947

1947

Immediate cause of death

Inflammation of kidneys

Duration

2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James P. Kerr M.D.

M. D. or other

Address

Dundas, Md.

Date signed

7/25/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

06030

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 days 84 years

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3 days

3. (a) FULL NAME

Clarence T. Layman

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

widowed

6. (b) Name of husband or wife

Ellie N. Layman
(dead)

6. (c) If alive, give age years

7. Birth date

deceased (mo., day, yr.)

April 12 1863

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

Laborer (retired)

11. Industry or business

MOTHER FATHER

12. Name

George Layman

13. Birthplace

Kirksville

MOTHER FATHER

14. Maiden name

Catherine Shaw

15. Birthplace

Kirksville

16. Informant

W.W. Layman

Address

Frederick, Md

17. Burial

(Burial, cremation, or removal. Where)

Date thereof July 18, 1947

(month) (day) (year)

Cemetery or crematory

Mt. Olivet

Location

Frederick, Md

18. Funeral director

Henry E. Party Co.

Address

Frederick, Md

19. Date rec'd by registrar

18 July 1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Frederick

City or town

Frederick (Rural)

Street No.

Montgomery Frederick Co. Md.

(If rural, give LOCATION)

2.(a) If veteran, name war

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 16 1947 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 a.m. 19.47, to 5 July 16 19.47

and that I last saw h. i. m. alive on July 16 19.47

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Horner Jr. M.D.

M. D. or other

Address

Frederick, Md

Date signed

July 17, 47

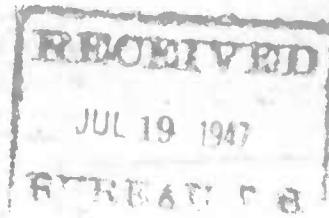
M

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

06031

131

Reg. Dist. No.

CERTIFICATE OF DEATH

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, Institution, or street address where death occurred:..... Frederick Memorial Hospital
 How long in hospital or institution?..... 1 day

3. (a) FULL NAME

MERHLE Edward Lease

4. Sex

Male White Married

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Thelma Louise Clay

7. Birth date of deceased (mo., day, yr.)

March 2-1902

6. (c) If alive, give age

43

years

8. AGE: Years Months Days If less than one day

45 4 11 hrs. min.

9. Birthplace

Frederick County Maryland
 (Town, county, and state)

10. Usual occupation

U.S. Mail Carrier

11. Industry or business

12. Name

Edward S. Lease

13. Birthplace

Frederick County Maryland

14. Maiden name

Mary Grace Tregonning

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Merhle E. Lease

Address

New Market, Maryland

17. Burial

Date thereof July 16-1947

(Burial, cremation, or removal, which)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C.E. Cline and Son

Address

Frederick, Maryland

19. (Date received by registrar)

1947

Elizabeth Heck

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

Other town..... New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 13 1947, at 6 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19. to 19. and that I last saw h.t.f. alive on July 13 1947

Immediate cause of death

Coronary occlusion

DURATION

1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DR. R. W. BARRY, M.D., or other

Address..... Frederick, Md. Date signed 7/13/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06032

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick

City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 5/19/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 5/19/47

3. (a) FULL NAME

William Lindemon

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widower

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

February 7, 1897

6.(c) If alive, give age years

8. AGE:

Years Months Days If less than one day
50 5 3 hrs. min.

9. Birthplace Sparrows Point, Md.

(Town, county, and state)

10. Usual occupation Factory Clerk

11. Industry or business

12. Name William H. Lindemon

13. Birthplace Baltimore County, Md.

14. Maiden name Anne Cullen

15. Birthplace Dublin, Ireland

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1947
(month) (day) (year)

Cemetery or crematory Holy Redeemer Cemetery

Location

Baltimore

18. Funeral director

Martin L. Simpkins

Address

Lombard Conduit Street

19. July 10 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2011 E. Pratt St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-07-6644

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10

19 47 10:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19

19 47 to July 10 19 47

and that I last saw him alive on

Immediate cause of death

Pulmonary Tuberculosis

19

DURATION

16 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

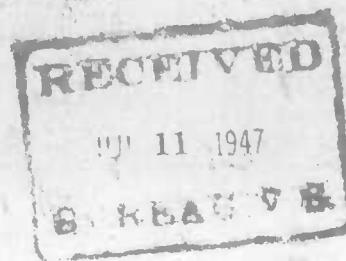
Injured at work?

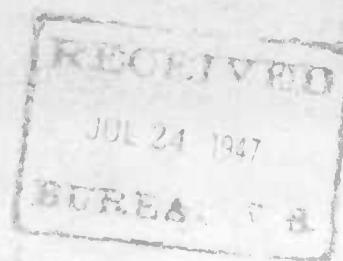
23. SIGNATURE

R. B. Bear

M. D. ~~XXIX~~

Address State Sanatorium, Md. Date signed 7/10/47





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 121

CERTIFICATE OF DEATH

06034

Reg. Dist. No. 31

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or Institution?

3. (a) FULL NAME

Mary J. Lockner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widow

6. (b) Name of husband or wife

Emory E. Lockner

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

Nov. 1, 1883

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

own home

MOTHER FATHER

12. Name

David Ober

13. Birthplace

Maryland

14. Maiden name

Henrietta Shoemaker

15. Birthplace

Maryland

16. Informant

Charles J. Lockner

Address

Taneytown, Md.

17. Burial, cremation, or removal

Burial

Date thereof

July 8, 1947

(month) (day) (year)

Cemetery or cemetery

Reformed Cemetery

Location

Taneytown, Md.

18. Funeral director

C. O. Goss, Son

Address

Taneytown, Md.

19. (Date rec'd by registrar)

1947

(Date signed)

Elizabeth G. Hecke

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Carroll

City or town Taneytown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 5, 1947 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947, to July 5, 1947, and that I last saw her alive on July 5, 1947.

Immediate cause of death

Coronary occlusion 6 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Acute appendicitis

Date of op. July 1, 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

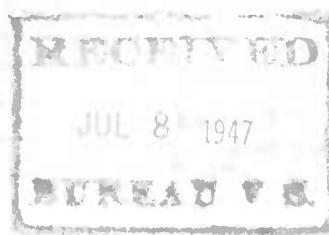
Injured at work?

23. SIGNATURE

S. P. Horner

M. D. or other

Address Frederick, Md. Date signed July 5, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d
06035

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County. Frederick

City or town. Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? 1 Month

3. (a) FULL NAME
FANNIE MAE

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife John W. Luby

7. Birth date of deceased (mo., day, yr.) January 7, 1894
6. (c) If alive, give age 55 years

8. AGE: Years 53 Months 5 Days 28 It less than one day
hrs. min.

9. Birthplace New Windsor-Carroll-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER 12. Name James Cartnail
13. Birthplace Montgomery County Maryland

14. Maiden name Anna Sappington

15. Birthplace Montgomery County Maryland

16. Informant John W. Luby

Address 13 E. 6th St., Frederick, Md.

17. Burial Date thereof 7/9/47
(Burial, cremation, or removal, where) Cemetery or cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date record by registrar 7-6-47 1947
(Date record by registrar) Elizabeth H. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 13 East Sixth Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

Luby

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1947 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 27 1947 to July 5 1947
and that I last saw her alive on July 5 1947

Immediate cause of death

Cerebral hemorrhage

Due to Hypertension Cardio-vascular disease
10 years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

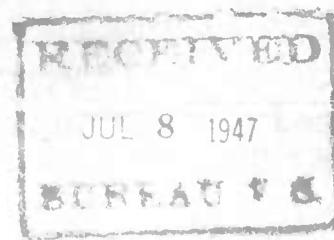
Means of injury

Injured at work?

23. SIGNATURE Bernard J. H. M.D.

M.D. or other

Address Frederick, Md. Date signed 7/6/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06036

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
8 Market Space
How long in hospital or institution?

164c
2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8 Market Space
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

VIOLET EVELYN MATHews

3. (b) Social Security Number

214-10-2061

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife William E. Mathews
7. Birth date of deceased (mo., day, yr.) October 31, 1915 age 22 years
8. AGE: Years 31 Months 8 Days 15 If less than one day
9. Birthplace Braddock-Frederick-Maryland
(Town, county, and state)
10. Usual occupation Machine Operator
11. Industry or business Muse Tailoring Company
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant William E. Mathewss
Address 8 Market Space, Frederick, Md.
17. Burial Mount Olivet Cemetery Date thereof 7/18/47
(Burial, cremation, or removal, where?) Frederick, Maryland
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 16 July 1947
(Date recd by registrar)

Elizabeth B. Hech
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th, 1947 6:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive dead July 16, 1947
Immediate cause of death Sunshot wound
of chest (410 Ga.) DURATION 5 min.

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

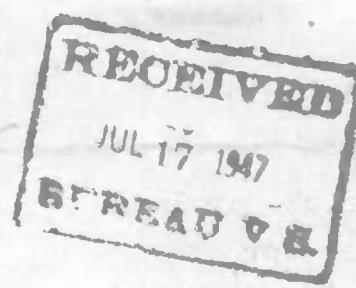
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 7-16-47
Where did injury occur? Frederick Frederick, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) FrederickMeans of injury Shot gun (410 Ga.) Injured at work? No23. SIGNATURE P. W. Ban Deputy Med
M. D. or other exp.Address Frederick, Md. Date signed 7/16/47



Kendall note change in date of birth of
Violet Evelyn Mathews - died July 16-1947
8 Market Street. Frederick Md. (suicide)

All insurance papers & family record
give date of birth, Oct 10 1910

age 36 yrs. 9 mos, 4 days.

Death certificate was mailed July 16-1947
See letter in file. Very truly yours
Wm. R. M. Barr Mrs Elizabeth J. Heck
Re 9/1/51 Reg. 131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06037

CERTIFICATE OF DEATH

Reg. Dist. No.

131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Several days

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

2 days

3. (a) FULL NAME

William McCullough

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	?

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

67 hrs. min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

Transient

11. Industry or business.....

12. Name	13. Birthplace
Don't Know	

14. Maiden name	15. Birthplace
Don't Know	

16. Informant.....

Records Montevue Co. Home

Address.....

Frederick - Maryland

17. Burial.....

Date thereof..... 7-4-1947

(month) (day) (year)

Cemetery or cemetery.....

Montevue Cemetery

Location.....

West of Frederick - Md.

18. Funeral director.....

C. E. Clive & Son

Address.....

Frederick - Md.

19. 3-July 1947

(Date ruled by registrar)

Elizabeth G. Hock

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

July 2 - 1947, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 29 1947, to July 2 1947

and that I last saw him alive on July 2 1947

Immediate cause of death.....

Carcinoma stomach
metastases to liver

DURATION

3 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

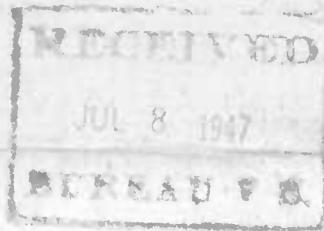
23. SIGNATURE.....

M. D. or other

Address..... Date signed.....

Bernard Horroff M.D.

7/31/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

CERTIFICATE OF DEATH

06038

Reg. Dist. No. 141

M

1. PLACE OF DEATH:
 County Frederick
 City or town Knoxville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Knoxville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Arnold Mentzer

4. Sex female 5. Color or race W 6. (a) Single, married, widowed or divorced widow

8. (b) Name of husband or wife Daniel Mentzer

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1864 8. (c) If alive, give age _____ years

8. AGE: Years 82 Months 8 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Burkittsville, Frederick Co., Md.
 (Town, county, and state)10. Usual occupation Housewife11. Industry or business
 12. Name Daniel Arnold
 13. Birthplace Burkittsville14. Maiden name Mary Boyer
 15. Birthplace Burkittsville16. Informant Mrs. Charles Merriman
 Address Knoxville17. Burial Burial Date thereof July 8, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Locust Valley Cemetery
 Location Burkittsville18. Funeral director Gladhill Co.
 Address Middletown, Md.19. Date rec'd by registrar July 7, 1947 Signature Kathryn H. Brown
 Registrar _____

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH July 521. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14, 1947 to July 5, 1947 and that I last saw her alive on July 4, 1947

Immediate cause of death

Due to Acute Nephritis Duration 4 days

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings or operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Middleton (City or town) (County) (State)

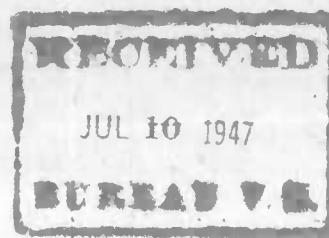
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J E Harp M.D.

M. D. or other

Address No. 2815 Date signed 7-6-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06039

55e X

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County

Frederick

Thurmont - rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles Albert Miller

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Elmer Fogle Miller

7. Birth date of deceased (mo., day, yr.)

September 13, 1872

8. (c) If alive, give age 71 years

8. AGE:

Years 74 Months 10 Days 6

If less than one day

hrs. min.

9. Birthplace

Thurmont, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Labeled

11. Industry or business

George St. Miller

12. Name

George St. Miller

13. Birthplace

Thurmont, Md.

14. Maiden name

Unknown

15. Birthplace

Martin Luther Miller

16. Informant

Martin Luther Miller

Address

Thurmont, Md.

17. Burial

Date thereof July 22, 1947

(Burial, cremation, or removal, Where?)

(month) (day) (year)

Cemetery or crematory

United Brethren

Location

Thurmont, Md.

18. Funeral director

M. L. Greger & Son

Address

Thurmont, Md.

19. July 22, 1947

(Date rec'd by registrar)

Blanche S. Eyles

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Frederick

City or town Thurmont - rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19, 1947, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above elated; that I attended deceased from Jan 18, 1946, to July 19, 1947, and that I last saw him alive on July 17, 1947.

Immediate cause of death

Intestinal obstruction

DURATION

1 mo.

Due to Sarcoma of neck with metastases

2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Morris A. Bixby, M.D.

M. D. or other

Address Thurmont, Md. Date signed July 19, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

06040

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County

City or town

Frederick Co. Md. The Demark - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Emergency Hospital, Frederick, Md.

How long in hospital or institution? 1 m^s - 2 days

3. (a) FULL NAME

MISNER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

May 15-1860

8. AGE:

Years

Months

Days

If less than one day

86 1 20

hrs.

min.

9. Birthplace

Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

John Thomas Misner

13. Birthplace

Frederick Co. Md.

MOTHER

14. Maiden name

Julie Ann Harrison

15. Birthplace

Frederick Co. Md.

16. Informant

Records Emergency Hospital

Address

Frederick - Md.

17. Burial

(Burial, cremation, or removal)

Date thereof 7-9-1947

(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

near Garfield - Md.

18. Funeral director

C. E. Cline & Son

Address

Frederick - Md.

19. (Date record by registrar)

9 July 1947

Registrar

Elizabeth G. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

City or town

Maryland Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 6 1947 at 3:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3 am., 1947, to 1947, July 6, 1947

and that I last saw h.i. 14 alive on July 6, 1947

Immediate cause of death

Chronic nephritis

DURATION

2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

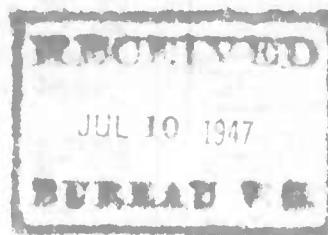
Injured at work?

23. SIGNATURE

Bernard J. Hines, Jr. M.D.

M. D. or other

Address Frederick, Md. Date signed 7/8/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1316

06041

CERTIFICATE OF DEATH

Reg. Dist. No. 145-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

1. PLACE OF DEATH:

County Frederick
City or town Myersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George Edward Moser4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Della Mae Moser 6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) Aug. 14, 18708. AGE: Years 76 Months 10 Days 28 If less than one day hrs. min. 9. Birthplace Myersville Frederick, Md.
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name Jacob Moser13. Birthplace Stoltsville14. Maiden name Catherine Starchman15. Birthplace Stoltsville16. Informant Della Mae MoserAddress Myersville17. Burial Burial Date thereof July 15, 1947
(Burial, cremation, or removal. Which?) Date (month) (day) (year)Cemetery or crematory Grossnickle CemeteryLocation Myersville, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. Date rec'd by registrar July 15, 1947 Edgar Butts Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 10 1947 to July 12 1947
and that I last saw h. alive on July 12 1947

Immediate cause of death

Chronic nephritis (uraemia)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

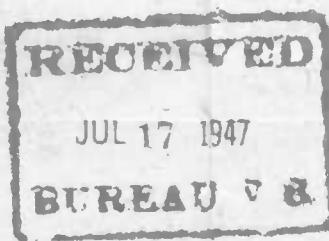
Where did injury occur? home (City or town) (County) (State)Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp M.D. M. D. or other
Address Middletown Date signed 7-14-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

06042

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County.....

Frederick

City or town.....

Frederick Memorial Hospital

(If outside city or town limits, write RURAL and give nearest town)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Two Days

Hospital, Institution, or street address where death occurred:.....

Frederick Memorial Hospital

Two Days

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Montgomery

City or town..... Rural Clarksburg MD.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (a) FULL NAME

Vernon A. Mullinix

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife.....

Emma E. Mullinix

7. Birth date of deceased (mo., day, yr.)

Nov. 12. 1869

6.(c) If alive, give age 72 years

8. AGE: Years

Months

Days

If less than one day

77

7

19

hrs.

min.

9. Birthplace.....

Montgomery CO. Maryland

(Town, county, and state)

10. Usual occupation.....

Farmer

Farm

11. Industry or business

William A. Mullinix

12. Name.....

Maryland

13. Birthplace.....

Elizabeth Q. Bowman

Maryland

14. Maiden name.....

15. Birthplace.....

Mrs. Emma Mullinix

16. Informant.....

Clarksburg, MD.

Address

Burial

Date thereof..... July 4, 1947

(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or crematory.....

Clarksburg MD.

Location.....

Montgomery, Co. MD.

18. Funeral director.....

Roy W. Barber

Address

Laytonsville, MD.

19. Date record by registrar.....

19.47

Elizabeth L. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Montgomery

City or town..... Rural Clarksburg MD.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 1

19.47 at 2 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 28 1947 to July 1 1947

and that I last saw h. im. alive on July 1 1947

Immediate cause of death Arteriosclerotic

cardiovascular-renal disease

with terminal uremia

DURATION

Unk.

1 wk

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

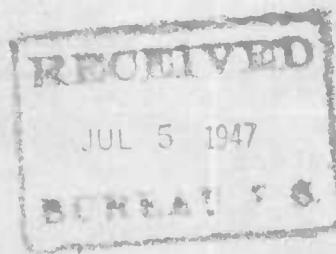
Means of injury

Injured at work?

23. SIGNATURE Palston H. Adams, M.D.

M. D. or other

Address..... Damascus, MD Date signed July 2, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06043

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

141

1. PLACE OF DEATH:

County

City or town

Frederick
Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, Institution or street address where death occurred:

10 East St

How long in hospital or institution?

3. (a) FULL NAME

Alma Francis Payne

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

Stevens Payne

7. Birth date of deceased (mo., day, yr.)

June 8 1868

6. (c) If alive, give age

years

8. AGE:

Years
79Months
1Days
3

If less than one day

hrs. min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER

FATHER

12. Name

Joseph Brinkley

13. Birthplace

Virginia

14. Maiden name

Francis Bush

15. Birthplace

Virginia

16. Informant

Mrs. Howard Tucker

Address

Albuquerque, N.M.

17. Burial

Date thereof July 13 1947
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cross Cemetery

Location

Lorettoville, Virginia

18. Funeral director

L. H. Yantis, Esq.

Address

Baltimore, Md.

19. July 11

1947

Kathryn H. Brown

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

10 East St

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11, 1947, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 26, 1947, to July 11, 1947,

and that I last saw her alive on

July 10, 1947, 1947

Immediate cause of death

Cardiac failure

DURATION

Due to advanced arteriosclerotic heart disease.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where)

Cause of injury

Injured at work?

23. SIGNATURE

L. H. Dunn, M.D.

M. Dr. or other

Address

Baltimore, Md.

Date signed July 11, 1947

RECEIVED

11/14/1947

0-581-78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

836

06044

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since July 15, 1947

3. (a) FULL NAME

DEXTER EDDY PHELPS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Clara A. Conner

7. Birth date of deceased (mo., day, yr.)

May 5, 1865

6. (c) If alive, give age

68

years

8. AGE: Years

Months

Days

If less than one day

82

2

11

hrs.

min.

9. Birthplace

Wilbraham, Mass.

(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

Everedy Company

MOTHER FATHER

Wells Loren Phelps

13. Birthplace

Wilbraham, Mass.

14. Maiden name

Amelia Eddy

15. Birthplace

Wilbraham, Mass.

16. Informant

Mrs. Clara Phelps

Address

434 N. Market St., Frederick, Md.

17. Burial

Date thereof

7/19/47

(Burial, cremation, or removal, which)

(month) (day) (year)

Cemetery or crematory

York, Pennsylvania

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. (Date record by registrar)

1947

Elizabethtown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Frederick

City or town

434 North Market Street

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

219-90-3006

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 16th, 1947, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 15, 1947, to July 16, 1947,

and that I last saw her alive on July 15, 1947.

Immediate cause of death:

Central Thrombosis

Due to: Asthma, septicemic.

DURATION

46 sec.

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

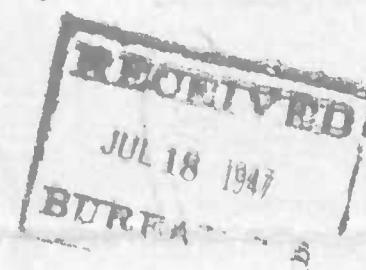
J. R. DeCarlo

M. D.

M. D. or other

Frederick, Maryland

Date signed 7-17-47



STATE OF MARYLAND—CERTIFICATE OF DEATH

06045

1. PLACE OF DEATH

County FrederickVillage or City ThurmontRegistration Dist. No. 144

144

St. Md. Ward

Length of residence in city or town where death occurred 28 yrs.No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U.S. if of foreign birth? yrs. _____ mos. _____ ds.2. FULL NAME Lillie Belle Powell(a) Residence: No. Thurmont

St.

Ward. Maryland

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)
----------------------	-------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 25, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
80	11	4		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<u>Retired</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	<u>Lewisburg, Fred'k Co., Maryland</u>
---	--

13. NAME <u>Lewis J. Powell</u>	
14. BIRTHPLACE (city or town) (State or country)	<u>Lewisburg, Md.</u>

15. MAIDEN NAME <u>Hannah Elizabeth Gandy</u>	
16. BIRTHPLACE (city or town) (State or country)	<u>Lewisburg, Md.</u>

17. INFORMANT <u>Eugene P. Powell</u> (Address)	<u>Thurmont, Md.</u>
--	----------------------

18. BURIAL, CREMATION, OR REMOVAL Place: <u>Wicomico Cem.</u>	Date: <u>Aug. 1, 1947</u>
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19. UNDERTAKER <u>Powell & Hartzler</u> (Address)	<u>Woodstock, Md.</u>
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20. FILED <u>Aug. 1, 1947</u>	<u>Blanche S. Eyer</u> Registrar
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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7 29
(Month) (Day) . 1934 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

1 15, 1930, to 7 28, 1947. death is said

I last saw her alive on.

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis
Tuberculosis

Date of onset

Other Contributory Causes of importance:

Name of operation _____

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

Address _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06046

CERTIFICATE OF DEATH

46ax
Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Braddock Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Edward Reid4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Pauline Holland
Reid7. Birth date of deceased (mo., day, yr.) Aug. 7, 1865 8. (c) If alive, give age 70 years8. AGE: Years 81 Months 11 Days 6 If less than one day
hrs. min.9. Birthplace Flint Hill, Virginia
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name Fannie Craig15. Birthplace Front Royal, Virginia16. Informant Maurice Edward ReidAddress Frederick, Md.17. Burial Cemetery, Fairview
(Burial, cremation, or removal, which?) Date thereof July 16, 1947
(month) (day) (year)Cemetery or crematory Cemetery, FairviewLocation Frederick, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. (Date rec'd by registrar) 15 July 1947 Registrar Elizabeth G. Heck

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH 7-13- 1947 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to July 13th 1947 and that I last saw him alive on July 12th 1947Immediate cause of death esophageal stricture DURATIONDue to Carcinoma Primary site: esophagus (junction with stomach) duration Sev. mas.Due to Cardiac Valvular Disease duration many yearsOther conditions Cardiac Valvular Disease duration many years

(Include pregnancy within 3 months of death)

Major findings of operations (9/3/47-25) Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

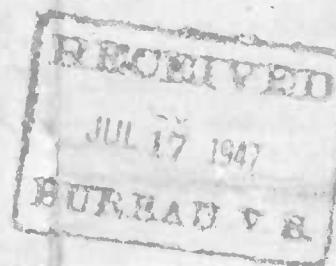
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE M. J. Bourne, M.D. M. D. or otherAddress Frederick, Md. Date signed 7-15-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06047

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 45 years

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since May 31, 1947

3. (a) FULL NAME

THOMAS CLYDE ROUTSON

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
--------	------------------	--

Male	White	Widowed
------	-------	---------

6. (b) Name of husband or wife: Margaret M. Routson

6. (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 15, 1873

8. AGE: Years: 74 Months: 2 Days: If less than one day
hrs. min.

9. Birthplace: Uniontown, Carroll County, Md.
(Town, county, and state)

10. Usual occupation: Physician

11. Industry or business

MOTHER FATHER
12. Name: Thomas H. Routson

13. Birthplace: Carroll County, Maryland

14. Maiden name: Christina Smith

15. Birthplace: Carroll County, Maryland

16. Informant: Mr. Stoddard S. Routson

Address: Baltimore, Maryland

17. Burial: Date thereof: July 19, 1947
(Burial, cremation, or removal, where)

Cemetery or crematory: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: C. E. Cline & Son

Address: Frederick, Maryland

19. (Date rec'd by registrar) 1947
(Date reg'd by registrar) 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No.: Francis Scott Key Hotel (If rural, give LOCATION)

2. (a) If veteran, name war: None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17, 1947, at 1:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1947, to July 17, 1947, and that I last saw him alive on July 17, 1947.

Immediate cause of death:

Post-operative
Pneumonia

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operation: Intestinal obstruction
Caecum and bowel. Date of op. July 15.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury:

Injured at work?

23. SIGNATURE: E. P. Shanes

M. D. or other

Address: Frederick, Md. Date signed July 17, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

06048

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Week

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since July 4, 1947

3. (a) FULL NAME

BABY SANDERS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 4, 1947

8. AGE:

Years

Months

Days

If less than one day

4

hrs.

15

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

H. G. Scarboro

MOTHER

Georgia

14. Maiden name

Dorothy M. Sanders

15. Birthplace

Charles County Maryland

16. Informant

Dorothy M. Sanders

17. Burial

Address 941 Bonifant St., Silver Spring,

Date thereof 7/5/47

(Burial, cremation, or both)

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19.

5 July

1947

(Date rec'd by registrar)

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Montgomery

City or town: Silver Spring

(If outside city or town limits, write RURAL and give nearest town)

Street No: 941 Bonifant Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 4

1947, at 7:58 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 4

1947, to

1947

and that I last saw him alive on

July 4

1947

Immediate cause of death

Exhaustion

Due to

Pneumonia 7 1/2 months

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Md.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

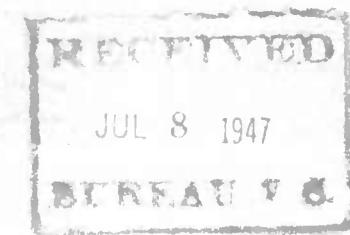
23. SIGNATURE

H. Lawrence Faherty, MD

M. D. or other

Address: Frederick, Maryland

Date signed: 7-5-47



06049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Frederick

City or town: State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 6/18/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 6/18/47

3. (a) FULL NAME

Ethel E. Saumenig

4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced

Female White Divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1914

8. AGE: Years Months Days It less than one day
m 32 10 16 hrs. min.9. Birthplace Lima, Ohio
(Town, county, and state)

10. Usual occupation Factory worker

11. Industry or business

FATHER 12. Name Charles Lochhead

13. Birthplace Lima, Ohio

MOTHER 14. Maiden name Mabel Britton

15. Birthplace Eastport, Md.

Deceased

16. Informant

Address

17. Burial Date thereof 7/17/47
(Burial, cremation, or removal. Which?)

Cemetery or place Woodlawn

Location Woodlawn, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. July 15 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2825 Woodbrook Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

216-18-4952

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1947 at 7:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1947 to July 14 1947.

and that I last saw her alive on July 14 1947.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

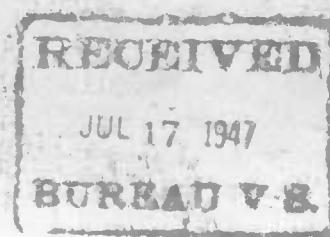
Injured at work?

23. SIGNATURE

P. L. Bales

M. D. KKK

Address State Sanatorium, Md. Date signed 7/15/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

06050

CERTIFICATE OF DEATH

Reg. Dist. No.

138

1. PLACE OF DEATH:

Frederick

County

Mount Airy-Rural R. F. D. #

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Barthlows

How long in hospital or institution?

3. (a) FULL NAME

WILBUR SEARL, SR.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white married

6. (b) Name of husband or wife

Carrie Searl

7. Birth date of deceased (mo., day, yr.)

Oct 10

6. (c) If alive, give age 63 years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Dayton, Ohio

(Town, county, and state)

10. Usual occupation

Tannery

11. Industry or business

Charles A. Searl

12. Name

Charles A. Searl

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Wilbur Searl Jr.

Address

872 Brighter-Bld, Zanesville, Ohio

17. Burial

Date thereof 7/31/47

(Burial, cremation, or removal, Where?)

(month) (day) (year)

Woodlawn Cemetery

Cemetery or crematory

Zanesville, Ohio

Location

Zanesville, Ohio

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Md.

19. (Date rec'd by registrar)

19. H. J. Lucia, H. Falterer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio County Muskingum

City or town Zanesville, Ohio

(If outside city or town limits, write RURAL and give nearest town)

Street No. 656 Woodlawn Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 27th, 1947, at 10:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in DEAD 1947, to 1947

Immediate cause of death Fracture of lower jaw

Fracture of left mandible

Due to Spread, hemorhage

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? Auto accident Date of 7-27-47

(City or town) Zanesville (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury Auto accident Injured at work? No

23. SIGNATURE

Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 7-28-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06051

CERTIFICATE OF DEATH

Reg. Diat. No. 137

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Frederick
 County: Mt. airy Rural
 City or town: mt. airy Elmwood
 (If outside city or town limits, give RURAL and give nearest town)

How long in above place of death? _____
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

3. (a) FULL NAME JENNIE ELIZABETH SMITH

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband Charles Wm. Smith

7. Birth date of deceased (mo. day, yr) Aug. 8 - 1870 8. (c) If alive, give age _____ years

8. AGE: 76 Years 11 Months 7 Days It less than one day hrs. _____ min. _____

9. Birthplace Frederick County, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Clothing to Wally

MOTHER FATHER

12. Name Sarah E. Jamst
 13. Birthplace Maryland

MOTHER

14. Maiden name Sarah E. Jamst
 15. Birthplace Maryland

16. Informant Mrs. A. H. Maxley
 Address Mt. airy B. & L. Syd.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof July 18, 1947
 (month) (day) (year)

Cometery or cemetery Open Chapel Cemetery
 Location Libertytown B. & L. Syd.

18. Funeral director Powell & Starbuck
Libertytown & Woodsboro, Md.

19. (Date rec'd by registrar) July 16, 1947 See D. Cuffman Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State: Maryland County: Frederick
 City or town: Mt. airy Elmwood
 (If outside city or town limits, give RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 151947 a.m. 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947, to 1947

and that I last saw her alive on July 14 1947Immediate cause of death: arterio sclerosis

DURATION

Died to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings or operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE J. H. Dugay

M. D. or other

Address: Elmwood Bridge Date signed: 7-16-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06052

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

Frederick

County.

State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/14/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/14/47

3. (a) FULL NAME

Francis H. Thompson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

June 13, 1908

8. AGE:

Years

Months

Days

It less than one day

39

1

6

hrs.

min.

9. Birthplace Chaptico, Maryland

(Town, county, and state)

10. Usual occupation Government clerk

11. Industry or business

12. Name John L. Thompson

13. Birthplace Charles County, Md.

14. Maiden name Agnes A. Jenkins

15. Birthplace Charles County, Md.

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1947

(month) (day) (year)

Cemetery or crematory St. Joseph

Location Maryland, Md.

18. Funeral director H. C. Mattingly, Esq.

Address Lexington, Md.

19. July 19 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Mechanicsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1947 6:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 1947 to July 19 1947

and that I last saw him alive on July 19 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION
102 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

R. B. Breen

M. D. XXXX

Address State Sanatorium, Md. Date signed 7/19/47

